



HISTORY OF MENTAL HEALTH SERVICES

CEI-CMHA
TRAINING UNIT

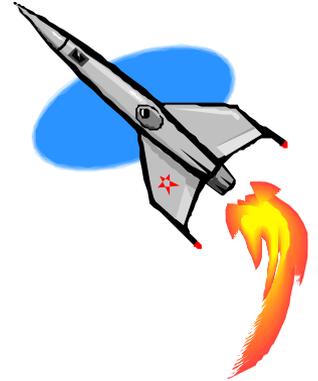
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INTRODUCTION

COURSE CONTENT

- History Mental Health Services
- History of CEI-CMHA
- Organizational Structure

History of Mental Health Care



History of Mental Health Care

Human beings have coped with Mental Illness and Development Disabilities throughout history.

Each society that has arisen develops its own way of dealing with individuals that do not meet its standard for normalcy.

By tracking the evolution of mental illness and mental healthcare up to the present day, we gain a deeper understanding of the forces that drive societies and how they interact with individuals who have special needs.

History of Mental Health Care

- The next several slides will examine the historical approach to Mental Health Care from 5 perspectives.
 - **Housing** – What type of living conditions were provided
 - **Theory** – How did that society's belief system effect treatment & care
 - **Treatment** – What type of treatment was provided for the various conditions
 - **Politics** – What role did the leaders or government of a society play in providing services
 - **Terminology** – What words were used to describe the individuals with special needs.

[PREHISTORY]



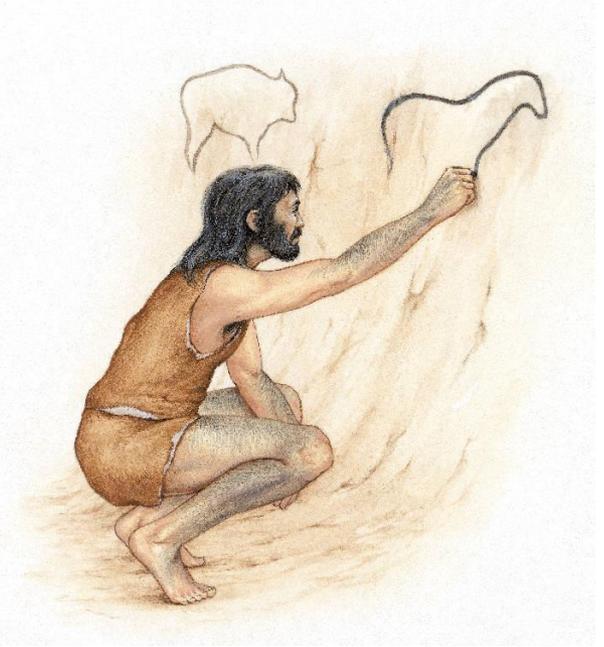
Prehistory

■ HOUSING

- Specific evidence has not been discovered, it is assumed that individuals lived with and were cared for by their families.
- However, it is also believed that many times individuals were left in the wilderness to fend for themselves so as to not drain the resources of their group.

■ THEORY

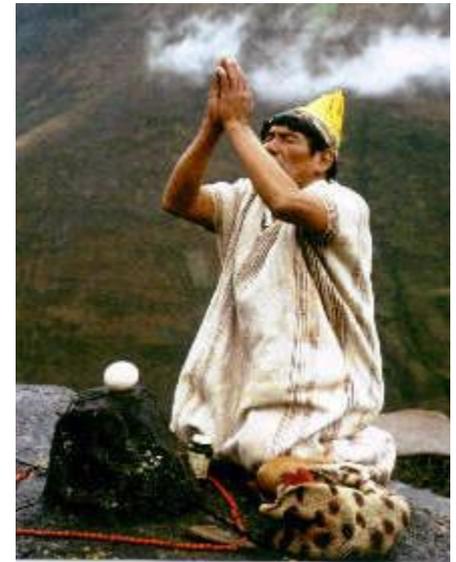
- Evil Spirits – mental illnesses were assumed to stem from magical beings that interfered with the mind.
- Injuries caused from the dangerous conditions under which the group lived could also account for some types of “mental illnesses”.



[Prehistory]

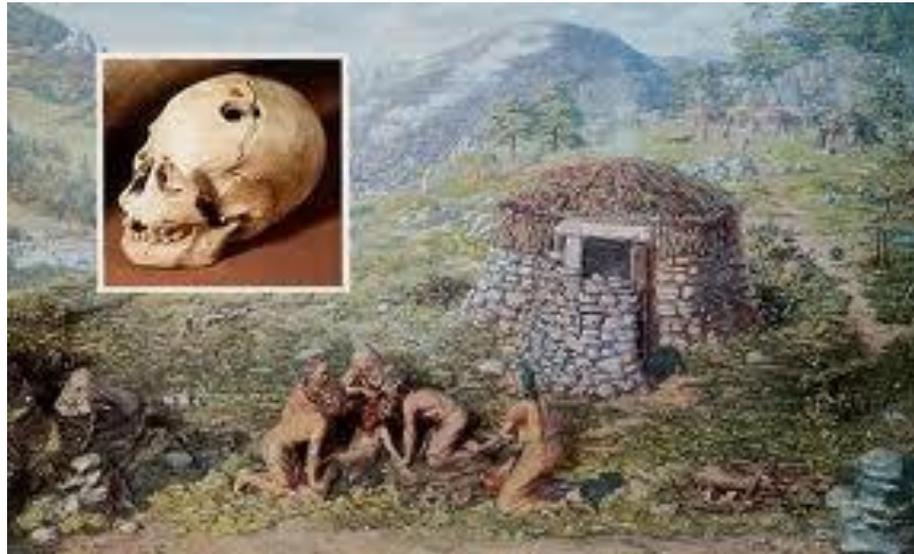
■ TREATMENT

- Individual tribes and groups of shamans had their own spells and rituals that they used.
- Often, such rituals took the form of exorcisms, in which the shaman would attempt to coax the evil spirit that was causing the disorder from the body.



[Prehistory]

- In some prehistoric societies, a primitive form of surgery was used to attempt to remove the malignant spirits.
- Trepanation (also spelled trephination), the practice of drilling a hole through part of the skull without damaging the brain, was believed to allow the spirits trapped inside the skull to release.
- This remedy was also used for epilepsy & headaches



[Prehistory]

- Skulls with trepanning holes dating back more than 10,000 years have been found in Neolithic Europe and South America.



[Prehistory]

- In fact, the presence of calluses on the surfaces of many skulls recovered showed that the operation had a surprisingly high recovery rate.



[Prehistory]

■ POLITICS

- Determining how a person with special needs was treated differed from one group to the next. Sometimes the decision fell to the strongest leader, or the Shaman. Other times it might be decided by the group, based on the need for group's survival.

■ TERMINOLOGY

- Unknown



[ANCIENT EGYPT]



Ancient Egypt

■ HOUSING

- A temple complex near modern Saqqara
 - The first known mental hospital,
- Temple of Imhotep at Memphis in the 29th century, B.C.
 - a popular center for the treatment of mental illness.



Temple of Imhotep

Ancient Egypt



■ THEORY

- Regarded mental illness as magical or religious in nature.
- The societal obsession with death and life after death meant that the health of the mind or soul played an essential part in one's overall health.
- Assumed Mental Illness was caused by one of the gods or an imbalance between the Body & Soul.

IMHOTEP – God of healing & the art of medicine

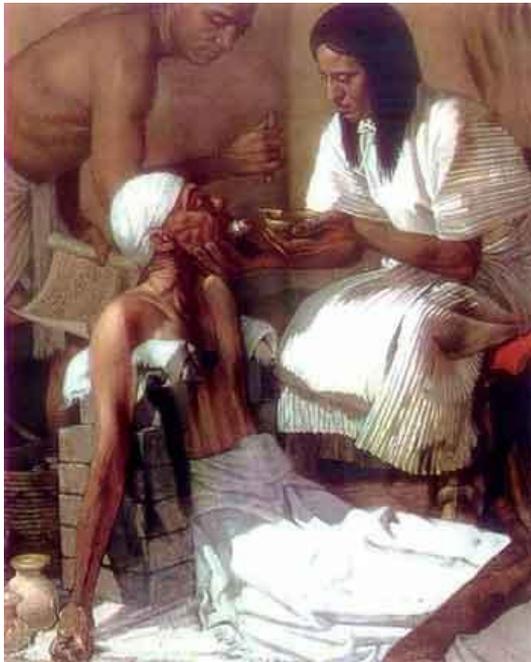
Ancient Egypt

■ TREATMENT

- Methods used to attempt to cure the mentally ill included using opium to induce visions, performing rituals or delivering prayers to specific gods, and "sleep therapy," a method of interpreting dreams to discover the source of the illness.



Ancient Egypt



■ POLITICS

- Egyptian society, with its fixation on the health of the soul, is the first major example of mental healthcare as a major priority for a society in history.
- Priests & Physicians played the most important role in determining who would receive treatment and what type of treatment they received.

■ TERMINOLOGY

- Hysteria

[OLD TESTAMENT]



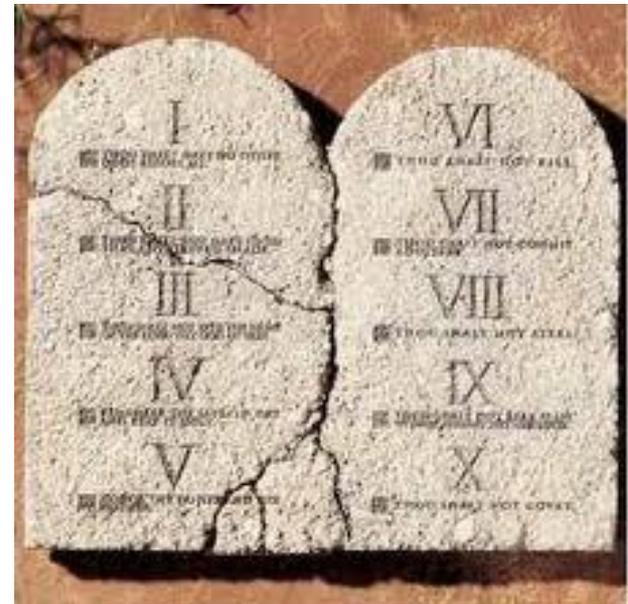
[Old Testament]

■ HOUSING

- Unknown
- Assumed individuals lived with family members

■ THEORY

- Caused by problems in the relationship between the individual and God
- Expression of Sin
- Individual to Blame
- Consorting with Demons



[Old Testament]

■ TREATMENT

- Restore Faith in God
- Faith is the Cure
- Prayer
- Fasting
- Self-flagellation



[Old Testament]

- **POLITICS**
 - Religion
 - Religious leaders
- **TERMINOLOGY**
 - Sinners
 - Possessed



[Ancient Greece & Rome]



Ancient Greece & Rome

■ HOUSING

- Records indicate that individuals were cared for by family & friends

■ THEORY

■ Two primary theories of mental illness

- 1. Mental illness is caused by possession
- 2. Belief that all illness, including mental illness, has natural origins

■ Certain Scholars created various theories over time

■ The following slides describe their theories and approaches to treatment

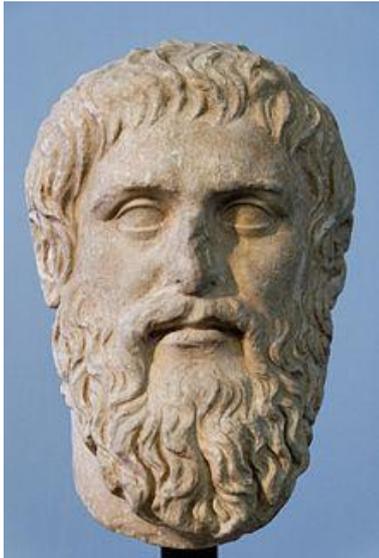
Ancient Greece & Rome

- **Hippocrates** (460 BCE)
- Described mental illnesses of:
 - melancholy,
 - postpartum psychosis,
 - phobias,
 - and phrenitis
- Humoral theory: Classified personalities based on the 4 humours
 - phlegm, black bile, yellow bile, and blood
- Treatment
 - Rest, bathing, exercise, and dieting



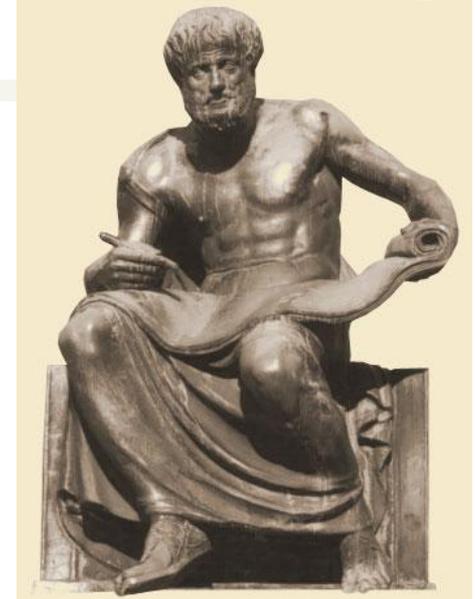
Ancient Greece & Rome

- Plato (400 BCE)
 - Theorized that childhood experiences shaped adult behaviors



- Aristotle

- Contemplated the role of genetic inheritance
- Viewed actions, feelings and thoughts as a single unit

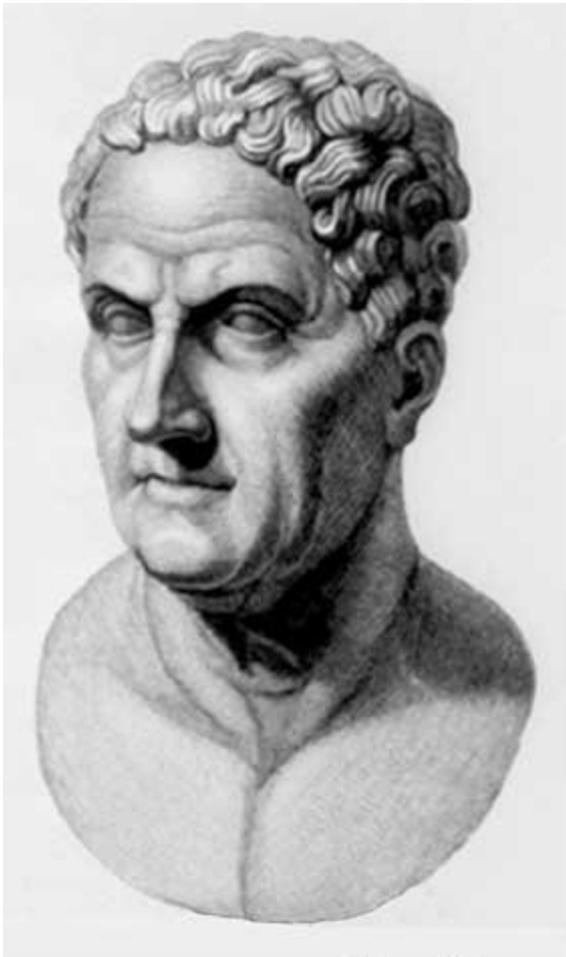


Ancient Greece & Rome

Cicero (110 BCE) conducted interviews to gain the following information:

- Clan/tribe, region, connections
- Sex, nationality, family status age, physique
- Education, association, habits/life-style
- Social Class (Rich/poor, free/slave)
- Appearance
- Emotions, temperament
- Interests
- Motivation
- Profession
- Significant life events
 - Form and content

Ancient Greece & Rome



Library of Congress

- Galen (129-201 CE)
 - Incorporated anatomical knowledge
 - Emphasized knowing through observation and experimentation; however, this concept would be lost until the mid 16th century

Ancient Greece & Rome

- Al-Rāzī (865-925 C.E.) Persian physician
 - “No fear of demons”
 - Those with mental illness were thought to be supernatural spirits, but not necessarily “evil”
 - Presented definitions, symptoms, and Treatments for illness, including mental illness
 - Emphasized compassionate treatment



Ancient Greece & Rome

■ Politics

- Political leaders did not address the care and treatment of Mental Illness, and considered it the families responsibility to provide treatment and care.



Ancient Greece & Rome

- **TERMINOLOGY**

- Melancholia
- Madness
- Mania
- Dementia
- Hysteria
- Delusions
- Hallucinations



Ancient Greece & Rome

- An enlightened view was not shared by all of Rome
- Many continued to believe that illness was caused by the Gods



Dark Ages (500-1400 AD)

- **Housing - Unknown**

- **Theory**

- The Age of Faith
- Christ healed by faith, therefore people believed only the grace of God would provide a cure for physical or mental illness
- Cause of mental illness was demonic possession

- **Treatment – exorcism**

- **Politics – Religion**

- **Terminology**

- Possessed
- Demons



MIDDLE AGES



Western Europe & Great Britain (1500's)



■ HOUSING

- Streets, Homes, Prisons, Poor Houses

■ THEORY

- Victim to Blame, Moral Weakness,
- Heretics, Consorting with Devil
- Many mentally ill and developmentally disabled individuals where thought to be witches.

[1500 (Inquisition)]

- ***Malleus Maleficarum (Hammer of the Witches)***
 - Arguments for the existence of witches
 - ‘Proof’ that witches are mostly women
 - How to identify a witch (deviant behavior, i.e. sexual)
 - Insanity was caused by possession by the devil
- How should witches be treated?
 - Salvation of the immortal soul was more important than the comforts of the possessed body
 - Physical punishments were used to make the body an intolerable refuge for the devil



[1500]

■ TREATMENT

- Imprisoned, chained in home,
- Excommunicated, Burned at Stake
- Torture

■ POLITICS

- Religion
- King could take custody the lands of “natural fools & insane”

■ TERMINOLOGY

- Insane, Lunatics, Heretics, Witches



[1600]



- **Housing**

- Poor Houses,
- Family Homes,
- Private Madhouses,
 - This evolved into a business that housed numerous patients
 - Treatment varied according to ability to pay
- Prisons,
- Asylums,
- Hospitals for the Insane

[1600]

■ Theory

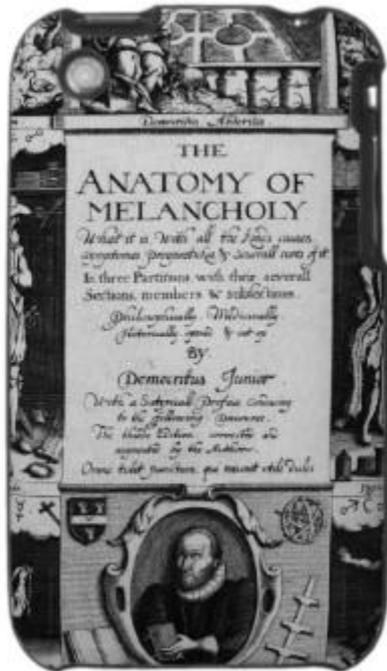
- General belief: If mad people behaved like animals, they should be treated like animals.

■ Thomas Willis (neuroanatomist and doctor) advocated the following treatments:

- Curative discipline
- Fetters
- Blows
- Medical treatments



[1600]



- *Alternative views during the 17th century*
 - Robert Burton's *Anatomy of Melancholy* (1621) was written from his own experience
 - He proposed a therapeutic program of exercise, music, drugs, and diet
 - Stressed the importance of discussing problems with a close friend or doctor

[1600]

- **TREATMENT**

- “Warehoused” in private homes or madhouses
- Chains
- Punishments

- **POLITICS**

- Religion

- **TERMINOLOGY**

- Insane, Lunatics, Heretics



[AGE OF ENLIGHTENMENT]



[1700]

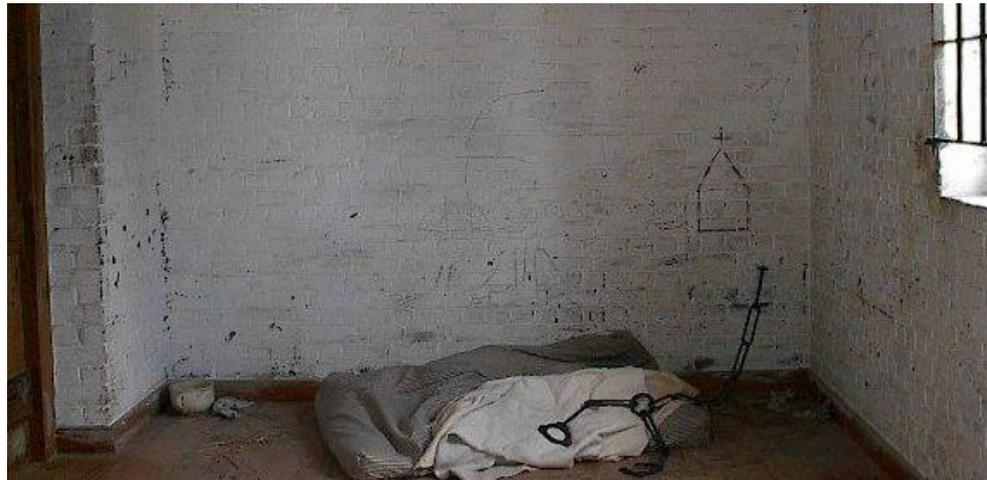
■ HOUSING

- Family Homes, Private Madhouses, Prisons, Asylums, Hospitals for the Insane
- Development of new asylums Built to house people with mental health problems separately from houses of correction and poor houses



[1700]

- Bethlem Royal Hospital (**Bedlam**)
 - Tourists would pay to take a guided tour to watch the antics of the “lunatics” who were chained in their cells.
- Patients must be kept separate from “normal” society



[1700]



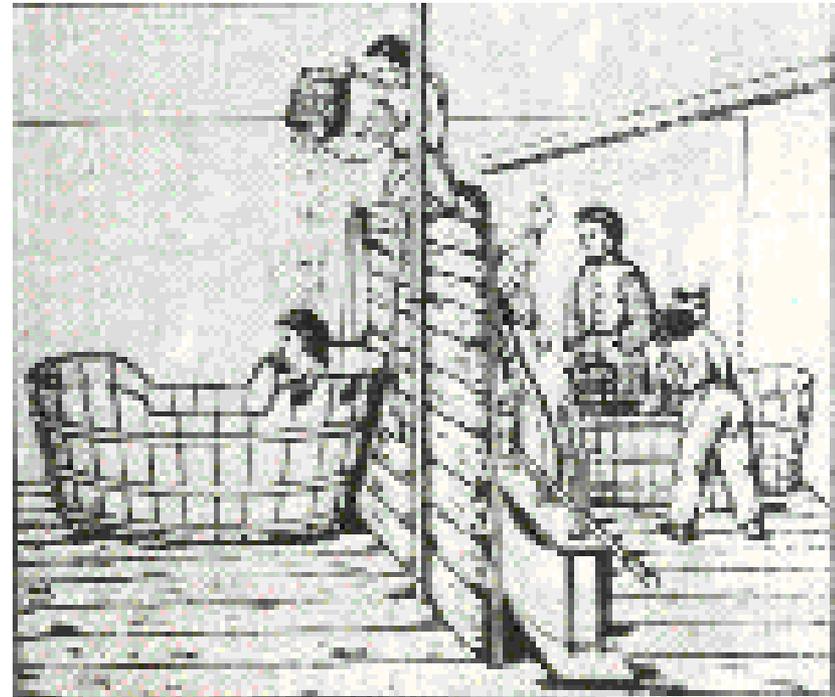
■ THEORY

- Moral Weakness, Victim to Blame,
- 1877 - Hereditary Factors
 - Historical records were now available so mental illness could be traced through the family line.
- Benjamin Rush, Father of American Psychiatry
 - Mental Illness = Disease of the Mind
- Two categories
 - Mania
 - Melancholy

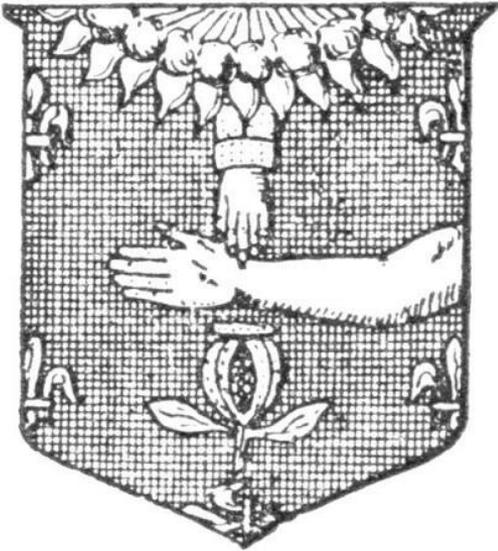
[1700]

■ TREATMENT

- Bethlam Hospital - Pay to View
- Restraints, Chains
- Involuntary commitment
- Diet, purges, emetic for vomiting
- Bleeding
- Ice baths/showers
- Gyrator, Tranquilizing chair



[1700]



■ POLITICS

- Royal College of Physicians
 - First to train and provide credentials for doctors
- Vagrancy Act
 - All police officers to detain “Lunatics” to Hospitals for the Insane
- Madhouse Act
 - Private & Public Asylums are required Medical Certification & Licensing by credentialed doctors
- Government Funding & Regulation
- Public opinion favored keeping “lunatics” out of sight from normal society.

[1700]

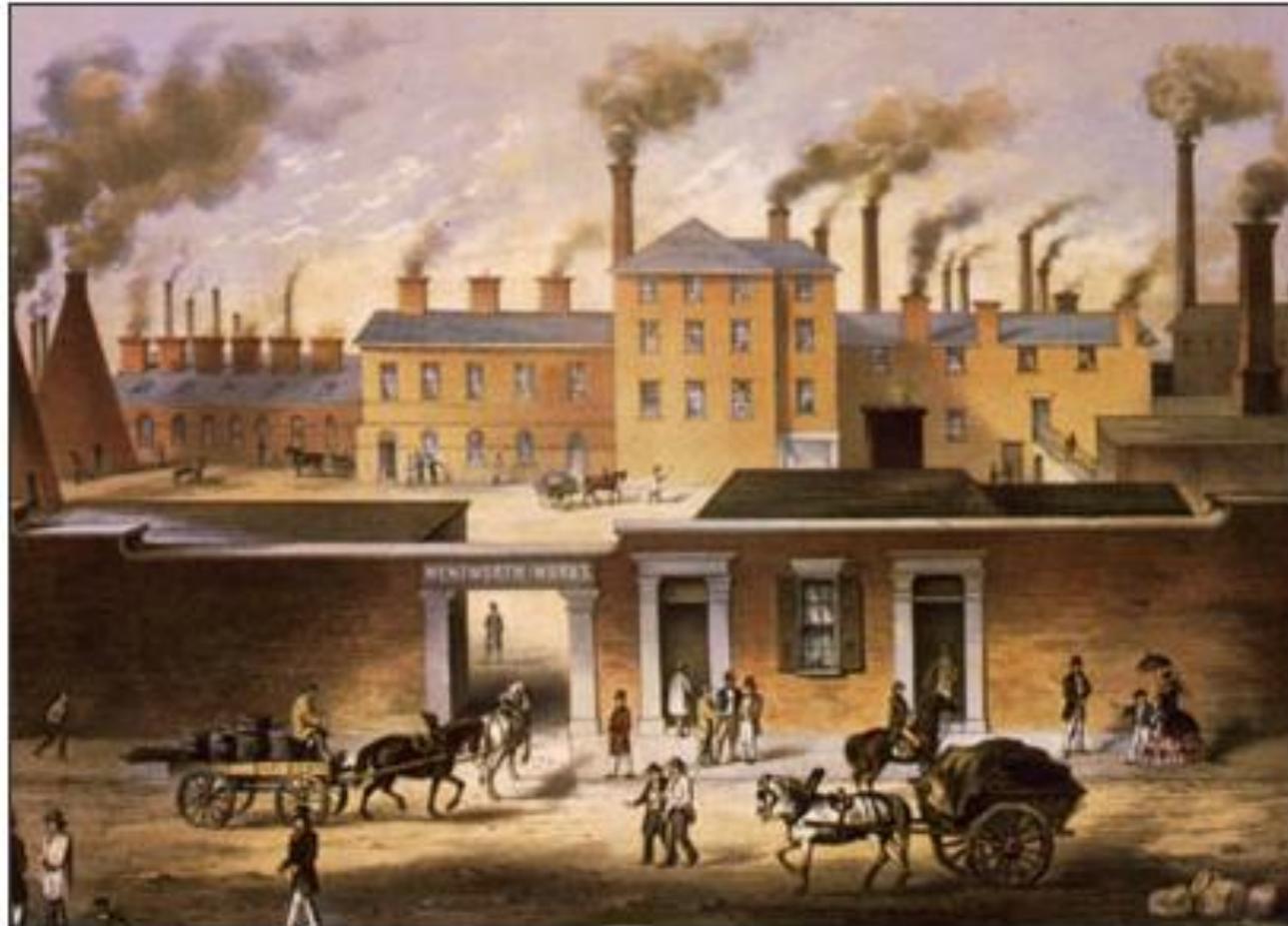
- TERMINOLOGY

- Lunatics, Insane, Delirium, Dementia, Weak Minded, Mania, Melancholy



NEW BETHLEM HOSPITAL, ST. GEORGE'S FIELDS.

[INDUSTRIAL REVOLUTION]



[Early 1800's]

■ Housing

- State Mental Hospitals & Asylums
- Private Asylums for the Wealthy
- Athens Asylum for the Insane
 - The least disturbed patients to be placed closer to the center building to encourage interaction with the staff, and as the patients' conditions worsened their placement would extend respectively throughout each wing toward the back of the structure.

[Early 1800's]

Athens Asylum for the Insane



The original 544- room construction consisted of two staggered wings branching out from a central building. The architecture was such that allowed exit and entrance only from the center building and the design was ideal for cross- ventilation and patient control.

[Early 1800's]

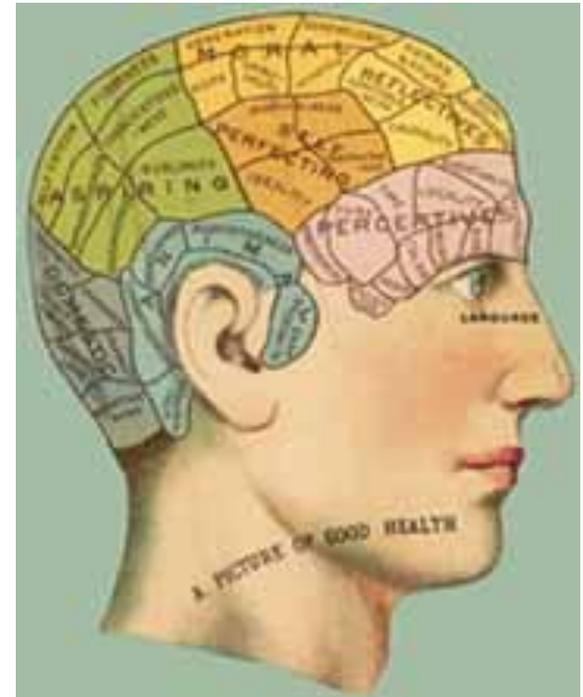


- Environmental change
 - Beds & Decorations replaced shackles & chains
 - Rooms with windows replaced cement cells

[Early 1800's]

■ Theories

- “Moral Management” – Phillippe Pinel
 - Normal people lost their reason as a result of having been exposed to severe psychological and social stress.
- Phrenology
 - studying the shape of the brain to explain illnesses and render diagnosis.



[Early 1800's]

■ Treatment

- Moral treatment aimed at relieving the patient by friendly association, discussion of his difficulties and the daily pursuit of purposeful activity;
 - social therapy, individual therapy, and occupational therapy
 - recreational activities ,church services and plays,
 - often free to roam the grounds.
 - Hypnosis and relaxation.



[Early 1800's

■ Politics

- Civil War
- Asylums State & Federally Funded
- Strong Public interest for treatment of War Veterans suffering from post war trauma

■ Terminology

- Patients



[Late 1800's]

- Housing
 - State & Federal Asylums
 - Overcrowded
 - Understaffed



[Late 1800's]

■ Treatment

- Overcrowding lead to a major decline in the quality of the care and treatment of patients
- A renaissance of many of the primitive treatments occurred:
- Plus new treatments were experimented with

[Late 1800's]

■ Shock Therapy

- Electric shocks were administered to patients submerged in water tanks or, more commonly, directly to the temples by the application of brine-soaked electrodes.
- A patient held a rubber piece in his mouth to prevent him from biting his tongue off during the convulsions which followed a treatment.



[Late 1800's]

- Lobotomy (Original)
 - Patients had their skulls opened and their neural passages separated midway through the brain.
 - This difficult and arduous procedure killed many people, but those who survived did in fact forget many of their depressive or psychotic tendencies.
 - They also forgot a lot of other things



[Late 1800's]

- Patients were often restrained and were forced to sleep in group bunks in rooms intended for one person.
- One nurse was sometimes responsible for as many as fifty patients.
- In these conditions some restricted patients would carve messages on the sandstone windowsills of their rooms, reaching through the ornate bars to leave an anonymous word or sentence.

[Late 1800's]

- One poignant carving still reads,

I WAS NEVER
CRAZY

[Late 1800's]

■ Politics

- State & Federal Funding inadequate for overcrowded conditions
- Public Opinion turned a blind eye to conditions

■ Terminology

- Mental Patient
- Inmates

[MODERN ERA]



EARLY 1900'S

HOUSING

- State Institutions



[EARLY 1900'S]

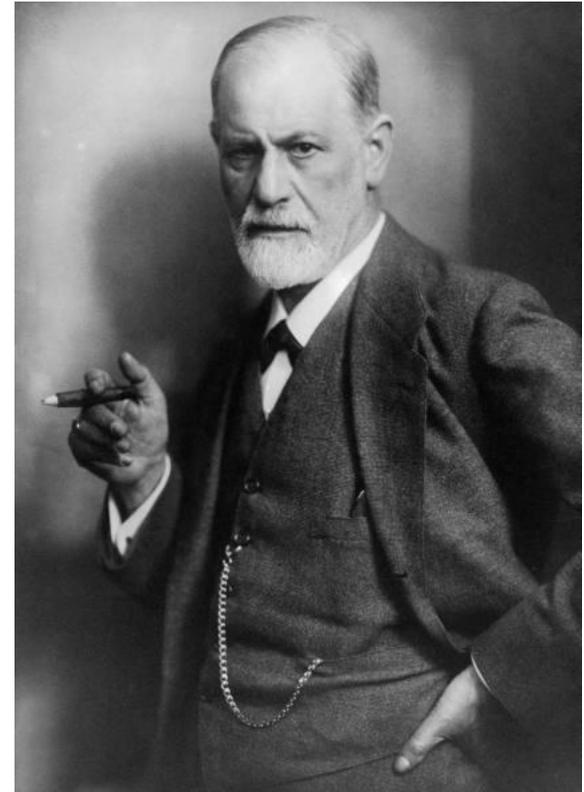
- HOUSING
 - County Farms



[EARLY 1900'S]

■ THEORIES

- Sigmund Freud
 - Established the field of verbal psychotherapy by creating psychoanalysis, a clinical method for treating patients through dialogue.
 - Developed Theories
 - Transference
 - Repression
 - Libido
 - Developed Techniques
 - Free association
 - Dream Analysis

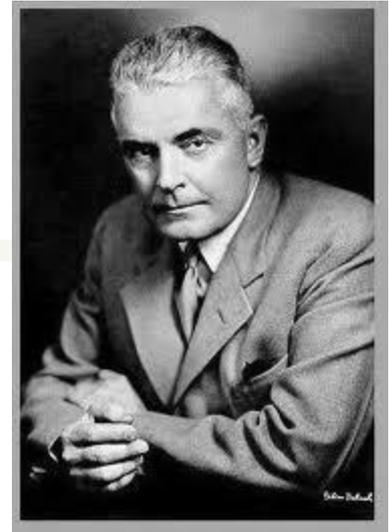


[EARLY 1900'S

■ Theories

○ John B. Watson – Behaviorism

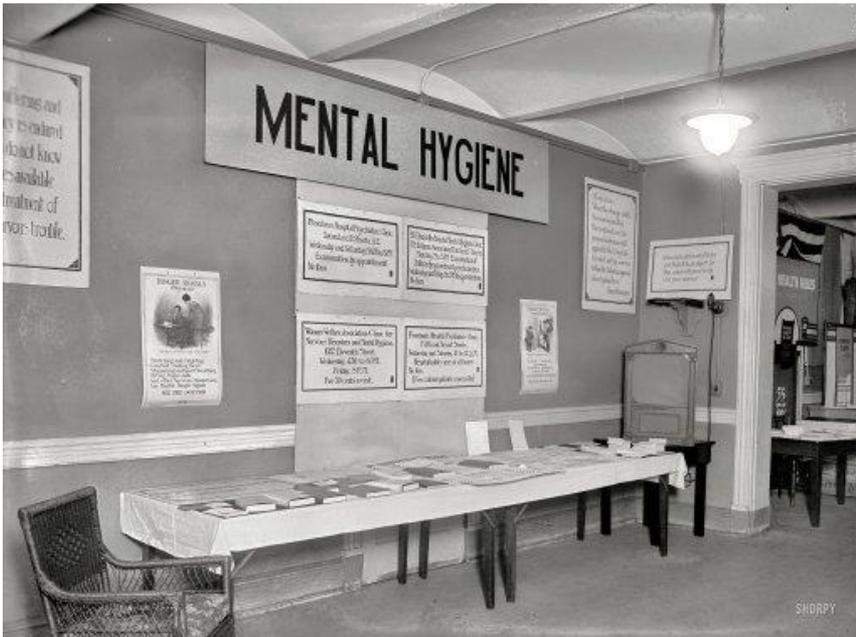
- Based on the proposition that all things that organisms do—including acting, thinking, and feeling—can and should be regarded as behaviors, and that psychological disorders are best treated by altering behavior patterns or modifying the environment



EARLY 1900'S

THEORIES

- Genetic Causes
- Impact of Industrialization & Urbanization
- Mental Hygiene
 - preventative measures during early childhood



Early 1900's

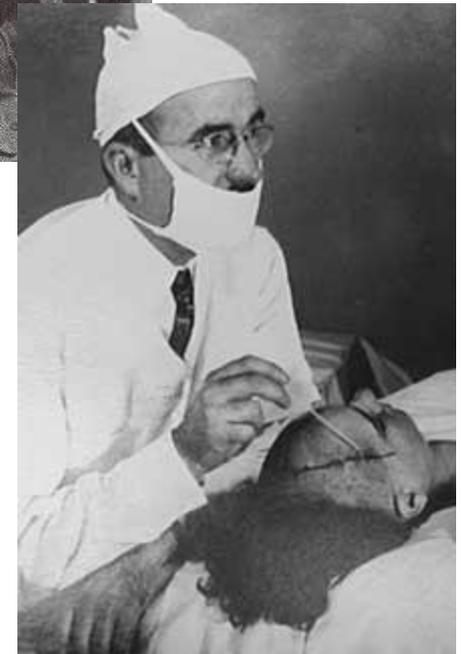
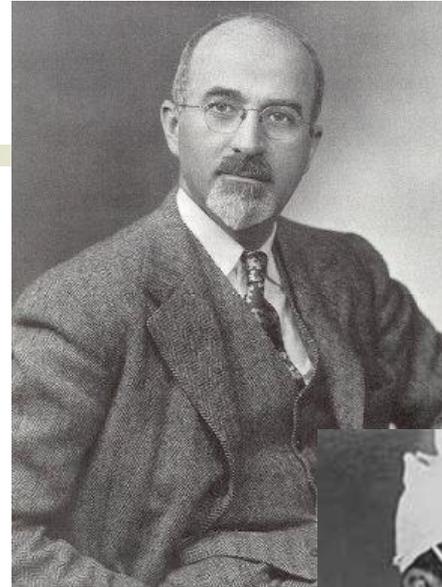
■ TREATMENT

- Medical Model
- Restraints
- Psychoanalysis
- Sterilization
- Medical & Behavior Experimentation
- Straight jackets
- Preventative School Programs



[Early 1900's

- Lobotomy
(Transorbital)
 - Developed by Dr. Walter J. Freeman in the early 1950s, this simpler lobotomy became something of a craze in mental health circles up through the 60s.

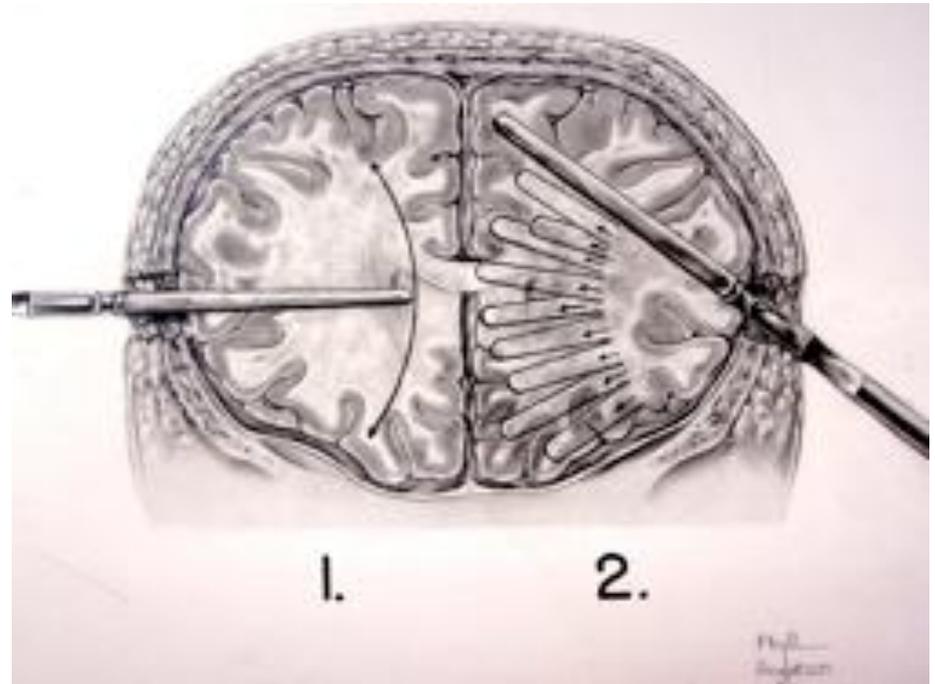




- Dr. Freeman's method involved knocking the patient unconscious with electric shocks, then rolling an eyelid back and inserting a thin metal icepick-like instrument called a leucotome through a tear duct.



- A mallet was used to tap the instrument the proper depth into the brain.
- Next it was sawed back and forth to sever the neural receptors.
Sometimes this was done in both eyes.





- There is some evidence that this method actually helped some people with very severe conditions, but *much* more often the patient had horrible side effects and in many cases ended up nearly catatonic. It also killed a whole bunch of people, too.

[Early 1900's]

■ POLITICS

- Screening of Immigrants for mental disorder and sending them directly to institutions.
- Funding for State & Federal institutions
- Regulation on how funded services are delivered
 - Michigan Mental Health Code

■ TERMINOLOGY

- Mental Hygiene, Feeble Minded, Retarded, Inmates

[Late 1900's to present]



[Late 1900's to present

■ HOUSING

- State Institutions
- Community placement
- Group Homes
- Apartments



[Late 1900's to present]

■ THEORY

- 1960's - De-institutionalization
 - major theme that drove development of Michigan's CMH system
 - Allowed persons who formerly lived in state hospitals and DD centers, to live in the community
- 1980's – Normalization
 - Normalization involves, offering people with disabilities the same conditions as are offered to other citizens.
 - rhythm of a day, a week, a year,
 - Housing, schooling, employment,
 - exercise, recreation and freedom of choice. This includes “the dignity of risk”, rather than an emphasis on “protection”.

[Late 1900's to present]

- Theory

- 1990 - Active Treatment for Developmentally Disabled

- Providing “Skill-training” to residents to help them function as independently as possible.
- Per regulations, an organized attempt to reach each resident's fullest functional capacity



[Late 1900's to present]

■ Theory

- 1995 - Person Centered Planning
 - A process-oriented approach to empowering people with disability labels.
 - It focuses on the people and their needs by putting them in charge of defining the direction for their lives, not on the systems that may or may not be available to serve them.



[Late 1900's to present]

■ Theory

○ 1997 – Inclusion

- Providing people with Disabilities equal opportunities to be fully involved in the activities of their community.

- Education
- Job Opportunities
- Recreation
- Etc.



Late 1900's to present

■ Theory

○ 2000 - Self Determination

- The right of people with disabilities to make choices about their own lives, to have the same rights and responsibilities as everyone else, and to speak and advocate for themselves.



[Late 1900's to present]

- Theory

- 2010 – Gentle Teaching

- A non-violent approach for helping people with special needs that focuses on four primary goals:

- Teaching the person to **feel safe** with us.
- Teaching the person to **feel engaged** with us.
- Teaching the person to **feel unconditionally valued** by us.
- Teaching the person to **return unconditional valuing** to us.



[Late 1900's to present]

■ TREATMENT

- 1949 – Discovery of Lithium for Mania & Depression
 - Popular for Bipolar Disorders
- 1952 - Thorazine - First Psychotropic
 - Originally developed as an “anti-vomiting” treatment, discovered to have a calming effect on mental patients.
- Behavior Treatment Plans
- Person Centered Planning
- Self Determination
- Gentle Teaching



[Late 1900's to present]



■ **POLITICS**

- 1963 - Kennedy - Federal Grants to CMH
- 1980 - Carter - Increase in Grant \$, included consumer input
- 1982 - Reagan - Significant decrease in federal funding
- 1986 - Medicaid & Medicare
- 1996 - Managed Care
- 1999 - Clinton - Self Determination

■ **TERMINOLOGY**

- Clients, Residents, Recipients, Members, Consumer, Customer, Stake Holder

[

HISTORY OF COMMUNITY MENTAL HEALTH AUTHORITY OF CLINTON-EATON- INGHAM COUNTIES



[CMHA-CEI]

- The Community Mental Health Board of Clinton-Eaton-Ingham Counties was formed in 1964, initially as a federally funded community mental health center, serving Lansing.



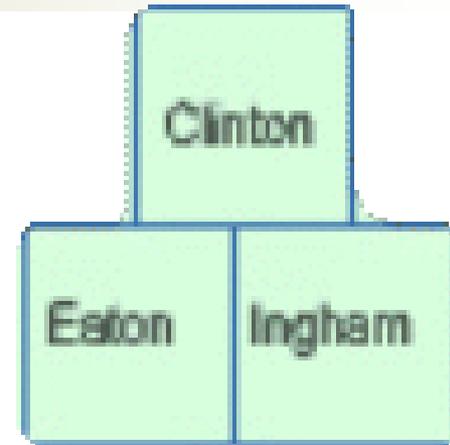
[CMH-CEI]

- 1965 – Deinstitutionalization Begins
 - 17,000 in State Psychiatric Hospitals
 - 12,500 in State Developmental Centers
 - In over 30 years, census of 700 from tri-county area in state hospitals dropped to less than 30
- 1968
 - ICMH's first Program for the Mentally Retarded
 - Day Program for 45 children



CMH-CEI

- 1969
 - Became a Tri-County Agency
 - Clinton-Eaton-Ingham
- 1970
 - CMH added substance abuse services
 - One of the first and one of the few CMH's which offers substance abuse services



[CMH-CEI]



- 1980 - **Full Management Organization**
 - CMH became a managed care organization (before we called what we were doing managed care) with the advent of "full-management"
- Full Management - CMH took on the clinical and financial responsibility for care of a person who leaves a state hospital or DD center

CMH-CEI

- **CMH Managed Care Functions**
- making determinations about the package of services that a consumer receives
- resolving complaints and disputes
- contracting with and paying contractors
- ensuring compliance with federal and state requirements
- making decisions as to how use funds that are saved by serving persons in more cost effective ways
- measuring and ensuring the performance of the system in a wide range of areas

[CMH-CEI]

1970's through 1990's the growth in the CMH system was the result of 6 factors

1. The transfer of funds from state institutions to the CMH system, as a result of de-institutionalization & full management
2. The transfer of responsibilities, formerly held by the state, to CMH:
 - payment for Medicaid inpatient care at community hospitals (over \$3 million)
 - operation of AIS homes (over \$3 million)

[CMH-CEI]

3. The CMH system's participation in federal Medicaid program (fee-for-service)
4. The expansion of CMH's substance abuse and corrections initiatives
5. The acquisition of Medicaid waiver payments (Hab DD waiver, Children's DD waiver)
6. The receipt of a number of federal and state grants and earned contracts

CMH-CEI

- **Managed Care: PIHP**
- 1998, CMH-CEI took on the Medicaid mental health care management role as PIHP
 - in addition to its safety net role in serving non-Medicaid consumers
- As a Prepaid Inpatient Health Plan (PIHP), CMH can no longer bill Medicaid for services provided
- CMH receives a monthly pre-payment for each Medicaid recipient living in this community.



[CMHA-CEI]



- **Managed Care: PIHP**
- CMH must serve all the mental health needs above those of mild severity (which are served by Medicaid HMO's)
- CMH system uses approach of staff model HMO for MH and DD services
- Substance abuse services continue to be funded on a fee-for-service method through MSSAC

[CMHA-CEI]

- **Authority Status**
- 2002 - CMH was designated as the Community Mental Health Authority of Clinton, Eaton & Ingham Counties
- CMH gained ability to take on debt (allowed the refinancing of CMH properties - saves CMH \$300,000 per year)
- A Community Mental Health Authority is a public government entity separate from the counties that establish it. This gives us greater autonomy in making management decisions and more flexibility in how we provide services.



■ CEI formed the **CMH Affiliation of Mid-Michigan**, with the CMH's of

- Gratiot,
- Ionia,
- Newaygo
- Manistee-Benzie
- Clinton-Eaton-Ingham

[CMH Affiliation of Mid-Michigan]

■ The Strategic Goals of the Affiliation

- Ensure the survival & health of CMH's which have retained this dual role of care manager and provider
- Ensure, by increasing size and political clout, that CEI was a key player in the development of policies that impact the state's CMH system.
- 2nd largest PIHP, in enrollment, out of 18



CMH Affiliation of Mid-Michigan

- **The Strategic Goals of the Affiliation**
 - Provide for pooled expertise and staff to allow CEI & affiliates to rapidly meet increased federal & state requirements
 - Bring in revenue to share the costs of required PIHP administrative functions to CEI
 - Allow CEI to stabilize its funding



CMHA-CEI

- Increased Federal & State Requirements
- Early 2000's - simultaneous with the Affiliation formation, compliance demands increased dramatically.
- Bulk of demands due to the 1997 Balanced Budget Act (BBA)
- BBA rules of which went into place in 2002 & 2003



The Future of the Public Mental Health System will be driven by:

- Continual refinement in federal statutes & regulations
- Broadened health care coverage, including MH, DD & SA, for uninsured
- Outcome driven clinical practices
- Push for administrative efficiencies
- Regionalization of some functions; localization of others



CEI TODAY



"Community Mental Health is committed to providing quality services and to achieving the best possible outcomes for individuals, families and the community."

Four major Departments of CEI

(CSDD)

COMMUNITY SERVICES FOR THE
DEVELOPMENTALLY DISABLED

Adults and Children with Developmental Disabilities

(AMHS)

ADULT MENTAL HEALTH SERVICES

Adults with Severe Persistent Mental Illness

(SAS)

SUBSTANCE ABUSE SERVICES

Person's with Substance Abuse Disorder

(CS)

CHILDREN'S SERVICES

Children with Severe Emotional Disorders

CSDD

COMMUNITY SERVICES FOR THE DEVELOPMENTALLY DISABLED

- **Service Coordination**
 - Case Management
- **Clinical Support Services**
 - Occupational Therapists
 - Speech Pathologists
 - Registered Dietitians
 - Registered Nurses
 - Behavioral Psychologists
- **Children's Services**
 - Family Support
 - Respite Care
 - Licensed Foster Care



CSDD

COMMUNITY SERVICES FOR THE DEVELOPMENTALLY DISABLED

■ Adult Vocational Services

- Transitions North
 - Community Inclusion
 - Work Shop
 - Adult Daily Living
- Transitions South
 - Satellites
- Transitions Central
 - Job Coaching



■ Adult Residential Services

- Group Homes
- Supported Independent Living

AMHS

ADULT MENTAL HEALTH SERVICES

- **Crisis Intervention Services**
 - Crisis Services (Emergency Services)
 - Bridges (Short Term Emergency Residential Service)
- **Assertive Community Treatment**
 - Intensive Home based intervention to promote independent living
- **Services Coordination**
- **Vocational Services**
- **Residential Services**
- **Services for Older Adults**
- **Psychiatry Clinic**
- **Outpatient Counseling Services**

SAS

SUBSTANCE ABUSE SERVICES

- Outpatient Counseling
- Inpatient Treatment
- Residential Treatment for those on probation
- Methadone Clinic



CS

CHILDREN'S SERVICES



- Early intervention for At-Risk Children
- Individual Group, and Family Therapy
- Crisis Intervention
- Inpatient Treatment

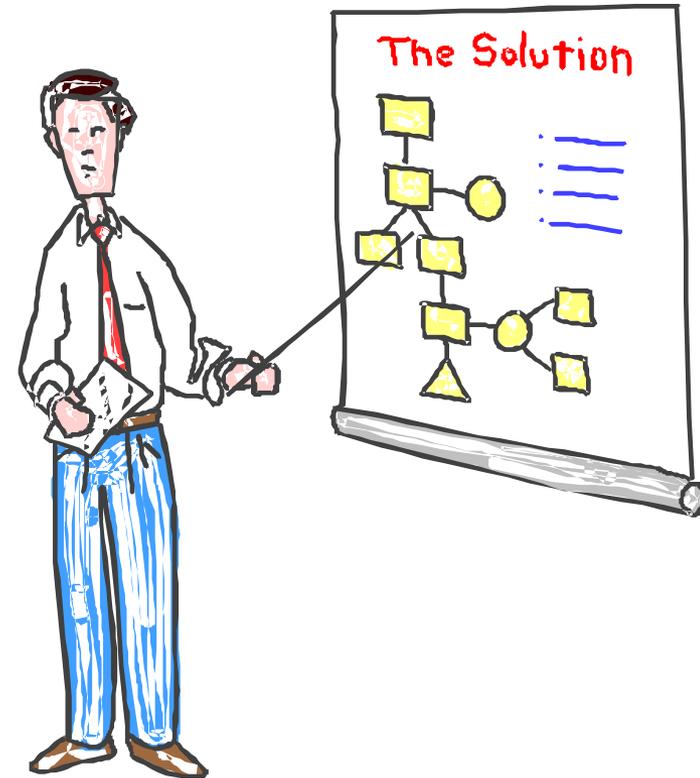
CEI-CMHA Organization Structure

- 12 member Board of Directors
 - Appointed by Boards of Commissioners
 - Counties Represented based on Population
 - Eaton County - 3 members
 - Clinton County - 2 members
 - Ingham County - 7 members
 - Responsible for planning and direction of all local programs



CEI-CMHA Organizational Structure

- Serve about 11,000 Consumers per year
 - Actively serving between 4,000 and 5,000 on any given day
- 900+ Employees
- Contract Services
 - 40 Group Homes
 - Day Programs
 - Clinical Support Services
 - Drop In Centers





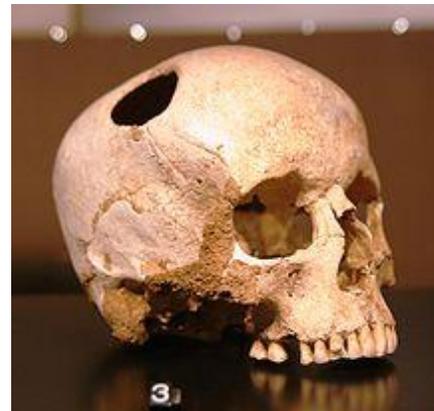
[Review]

- By tracking the evolution of mental illness and mental healthcare up to the present day, we gain a deeper understanding of the forces that drive societies and how they interact with individuals who have special needs.

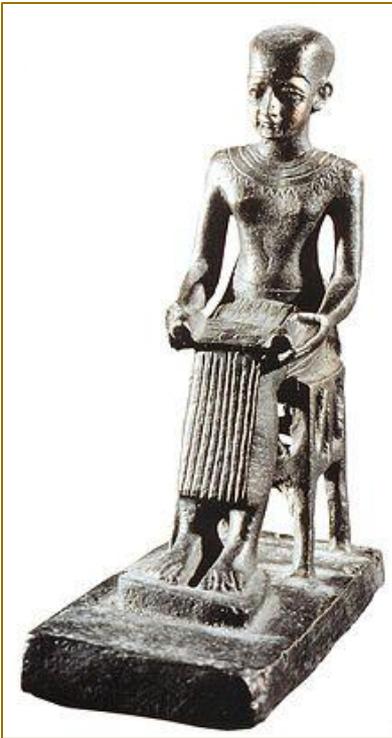


[Review]

- In some prehistoric societies, a primitive form of surgery was used to attempt to exorcise the malignant spirits. Trepanation (also spelled trephination), the practice of drilling a hole through part of the skull without damaging the brain, was believed to allow the spirits trapped inside the skull to release. This remedy was also used for epilepsy & headaches



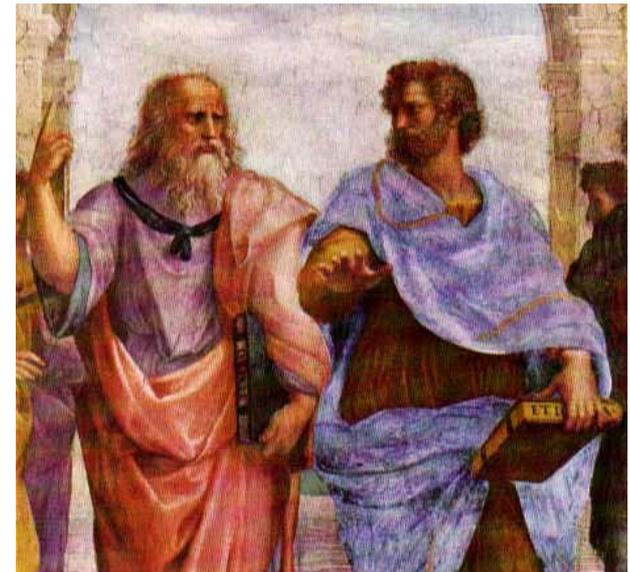
[Review]



- Egyptian society, with its fixation on the health of the soul, is the first major example of mental healthcare as a major priority for a society in history. Priests & Physicians played the most important role in determining who would receive treatment and what type of treatment they received.

[Review]

- In Ancient Greece & Rome, certain scholars including Plato, Aristotle, & Galen influenced the public's view of the cause and treatment for mental illness.
- However, An enlightened view was not shared by all. Many continued to believe that illness was caused by the Gods



[Review]



- During the Middle Ages, many individuals with mental illness were thought to be witches and fell under the treatment of the Inquisition, resulting in torture and executions.

[Review]

- In the 1700's, family members with mental illness were often committed to private madhouse or insane asylums.
- At the Bethlem Royal Hospital for the Insane, the public could pay for a tour of the hospital where they could view the antics of the “lunatics”.



[Review]



- During the early 1800's, the “Moral Management” approach provided inmates of Federally Funded Asylums with spacious rooms, purposeful activities and the freedom to roam the grounds.

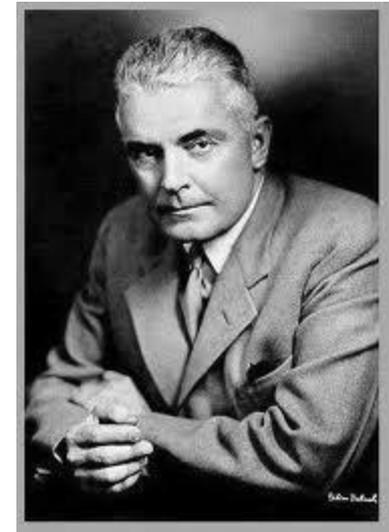
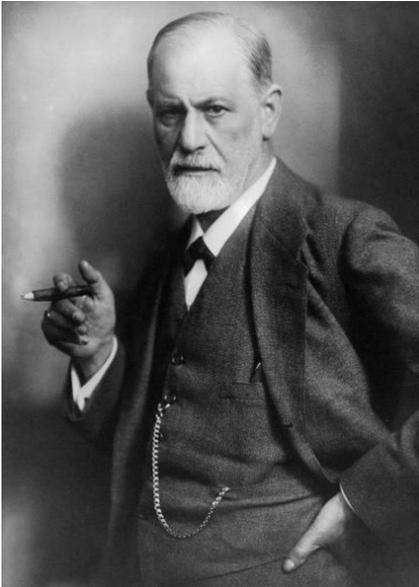
[Review]

- Due to overcrowding in the late 1800's, many of the old primitive treatments returned and new treatments were experimented with including, Shock Treatment and Lobotomies.



[Review]

- Sigmund Freud (psychotherapy) and John B Watson (behaviorism) created new movements in the treatment of Mental Illness and Developmental Disabilities.



[Review]

- **Deinstitutionalization** emphasized moving people out of institutions into the community.
- **Normalization** ensured that people with disabilities enjoyed the same living conditions as everyone in their community.



[Review]



- **Person Centered Planning** is a process-oriented approach to empowering people with disability labels. It focuses on the people and their needs by putting them in charge of defining the direction for their lives, not on the systems that may or may not be available to serve them.

[Review]

- **Self Determination** is the right of people with disabilities to make choices about their own lives, to have the same rights and responsibilities as everyone else, and to speak and advocate for themselves



[Review]

- Gentle Teaching focuses on 4 goals
 - Teaching the person to **feel safe** with us.
 - Teaching the person to **feel engaged** with us.
 - Teaching the person to **feel unconditionally valued** by us.
 - Teaching the person to **return unconditional valuing** to us.

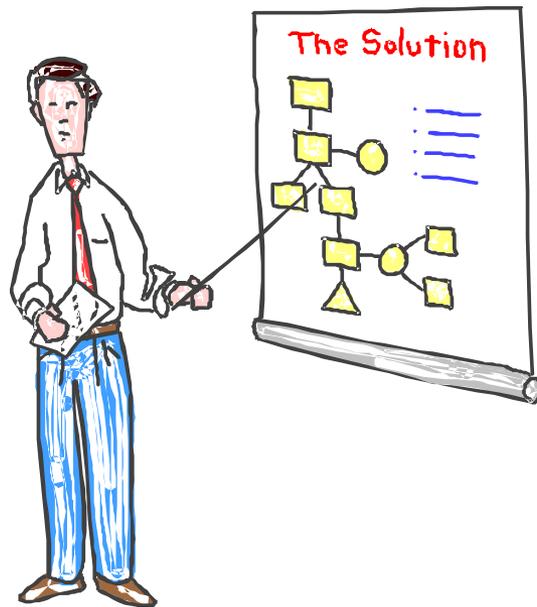


[Review]

- CMHA-CEI stands for **Community Mental Health Authority of Clinton-Eaton-Ingham Counties**
- CMHA-CEI's Board of Directors includes: County Commissioners from Clinton, Eaton and Ingham Counties



[Review]



- CMHA-CEI has four major departments
 - Community Services for the Developmentally Disabled
 - Adult Mental Health Services
 - Substance Abuse Services
 - Children's Services

[Review]

- CMHA-CEI serves approximately 11,000 Consumers per year.





To receive credit for this completing this course,
you must pass the final exam.

