



History of the Consumer/Survivor Movement

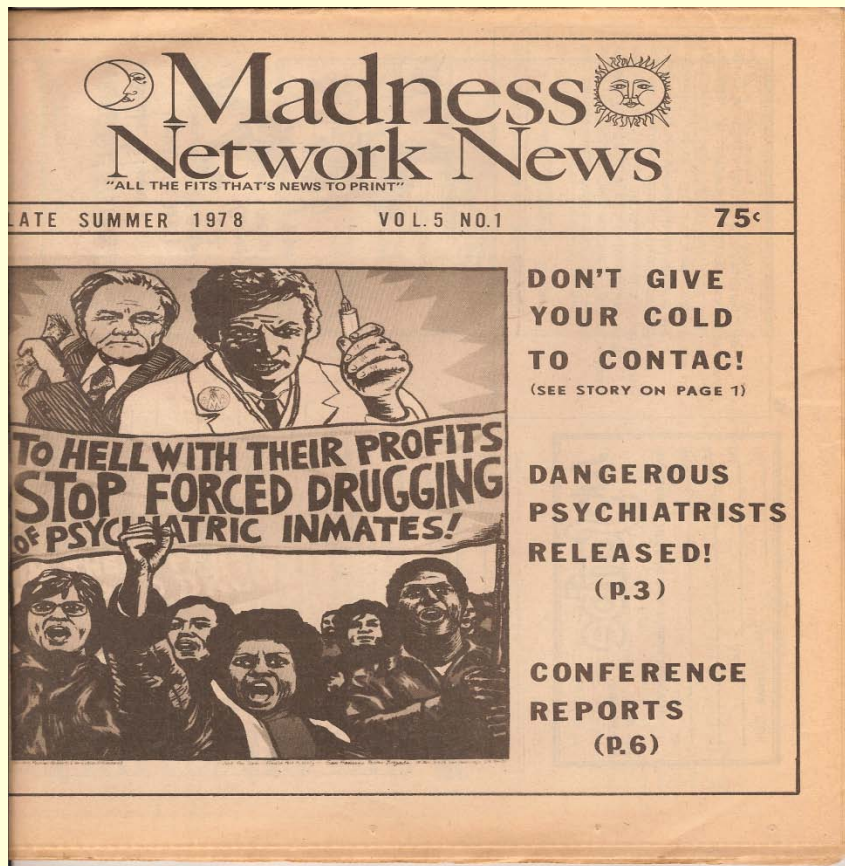
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Introduction

- In the 1960's and 70's, social change movements were part of our culture. Inspired by the African-American civil rights movement and civil unrest and resistance, women, gays, and physically disabled people organized for social change. Within this atmosphere, in the early 1970's, was born the modern mental health consumer/survivor movement, at the time usually described as the mental patients liberation movement.
- At this time the big state hospitals across the country were being shut down and new laws limiting involuntary commitment and its duration were being instituted. Anecdotally, people who had been locked up in these mental hospitals began meeting together in groups outside of the hospitals. These former "patients" shared their feelings of anger at their abusive treatment and hope for independent living in the community. Their peers validated their feelings. From these isolated groups across the country, a new civil rights movement was born. It was predicated on the aspiration for personal freedom and radical systemic change.

The Beginnings

1970's



The 1970's was a time of finding each other and realizing that we were not alone, of militant groups and actions, of self and group education, and of defining our core values. It was a time of finding and growing our voice out of the anger and hurt bred by the oppression of the mental health system. It was a time of separatism as a means of empowering ourselves.

Ideas

All within context of a civil rights movement for people diagnosed with mental illness

- Against Forced Treatment
- Against Inhumane Treatment – medications, ECT, lobotomy, seclusion and restraints
- Sanism
- Anti-Medical Model verging on anti-psychiatry
- Emergence of concept of mental patient run alternatives to mental health system
- Involvement in every aspect of mental health system – 51 % of any governing Board, decision making body (position taken in a Position paper from 1976.)

Processes

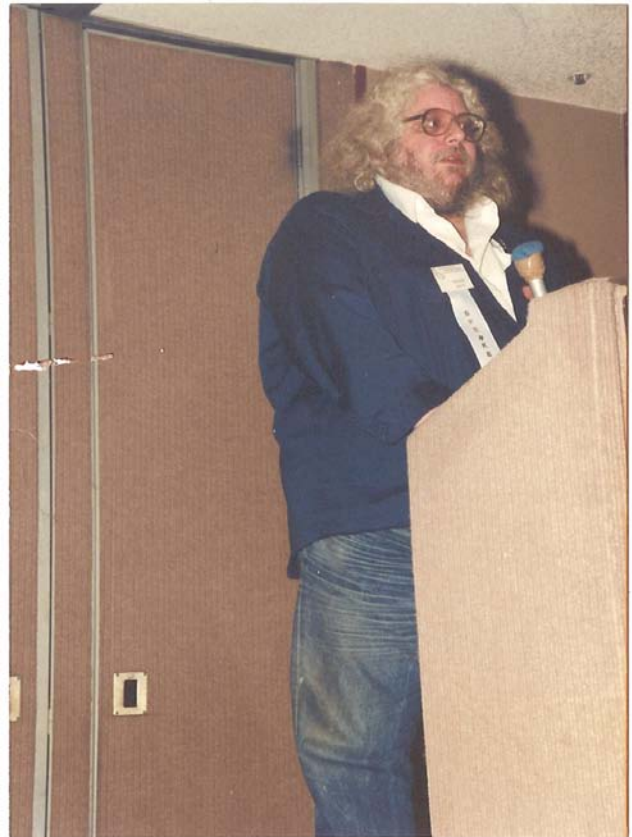
- Groups autonomous, belief in local control
- No money from mental health system
- Separatist
- No major outreach

Activities

- Political militant activism – demonstrations
- Developing and defining values and positions
- Annual Conference on Human Rights and Against Psychiatric Oppression –held at campgrounds, college campuses, unfunded
- Madness Network News –news vehicle for communication
- Small groups, mostly on two coasts, militant names, e.g., Network Against Psychiatric Assault, Insane Liberation Front, Mental Patient Liberation Front
- Most common self-description is as “psychiatric inmate.”
- Self and group information and education
- Support, consciousness raising groups
- Landmark book published 1978: *On Our Own: Patient Controlled Alternatives to the Mental Health System*, Judi Chamberlin

Transitions 1980s

Howie the Harp



The 1980s was a transitional time. We made major movement decisions that left many of the more purist activists behind. We began the process of reentering the world that had so hurt us. It was a time that some significant founding endeavors ended, and new ventures began. There were indications of the beginning of the realization of many of our goals.

Processes

- Mainstreaming
- Centralizing
- Money from mental health system
- Collaborations/ beginning Reentry

Activities

- Growth of mental health system funded first self help/peer support programs, early drop-in centers;
 - 1983 On Our Own in Baltimore, Maryland
 - 1985 Berkeley Drop-In Center, Berkeley CA
 - 1985 Ruby Rogers Drop In Center Cambridge Mass.
 - 1986 Oakland Independence Support Center, Oakland CA
- Federal government –SAMHSA – funding of self-help programs
 - 1988 Funds 13 consumer run demonstration projects
- Beginning of statewide consumer run organizations – 1983, California Network of Mental Health Clients
- Discontinuation of Madness Network News and decline of radical militant groups
- Discontinuation of Conference on Human Rights and Against Psychiatric Oppression
- Many mental health system funded trainings and conferences – first national Alternatives Conference 1985
- Rights Protection gains/legislation
- Growth of rights protection organizations – Protection and Advocacy, Inc.
- Beginning to walk inside, social change from the inside as well as the outside
- More “clients”, “consumers” sitting on decision making bodies

Fruition of Changes 1990s



The 1990s marked the fruition of changes that we had sought in the mental health system. Although our basic values remained the same, they were rephrased. Consumer run groups, employment, and educational opportunities began to flourish. Attitudes about recovery began to change.

Ideas

Same Values, Expressed in positive rather than negative ways.

- Self Determination and Choice
- Rights protections
- Stigma and Discrimination reduction
- Holistic services
- Self- Help/Peer Support programs
- Involvement in every aspect of mental health system
– Nothing About Us Without Us --
- Concept of Recovery – encompassing all of the above

Activities

- Employment in mental health system as well as self help programs
- Consumers in mental health management level jobs –Offices of Consumer Affairs
- Big growth in self help/peer support programs with system funding
- Federal funding of two National Self-Help Clearinghouses to provide technical support for the consumers and self-help programs throughout country
- Multiple training opportunities
- Noticeable consumer involvement at most levels of mental health system
- Consumer participation and partnership with other constituency mental health groups
- Beginning of client run research, research on self help/consumer run programs, and consumer researchers
- Working with policy makers to legislate and otherwise change policy
- Described as “decade of recovery” (Bill Anthony, 1991)

Current 2000s



The 2000s sees an increase of all of the gains of the 1990s. However, advocacy gains have created backlash, and service gains compromises: external and internal threats. The consumer/survivor movement itself is becoming more diverse and inclusive and developing a national voice.

Activities

- **All of the activities of 1990s amplified**
- **Incorporation of self-help/peer support into system, such as Recovery/Wellness Centers, peer support specialists, medical funded self help**
- **Successful inclusion in the mental health system threatens the loss of our consumer values**
- **Backlash against advocacy gains in guise of push to increase involuntary treatment such as outpatient commitment and “leveraged” treatment**
- **More diverse and inclusive consumer movement**
- **Creation of National Coalition of Mental Health Consumer/Survivor Organizations, national advocacy voice for consumer/survivors**

System Culture Change

Evidence of system culture change as a result of consumer involvement at all levels of mental health system.

- Consumer values embedded in Mental Health Services Act, ballot initiative assed by California voters:
 - Voluntary
 - Promotion of self-help/peer support programs
 - Involvement of consumers at all levels of mental health system
 - Involvement of consumers as part of and in training of mental health work force
 - Promotion of recovery as a goal
- Concept of Recovery inspired by and attributed to consumers:
 - “We envision a future when everyone with a mental illness will recover.”
 - Achieving the Promise: Transforming Mental Health Care in America, The President’s New freedom Commission on Mental Health, July 2003.*
- Consumers have initiated new genres of services: Consumer run programs and peer support are essential components of most mental health systems.

Liberation

- Initially advocate for others. Liberate others so that they will not experience same abuse that we did, so that people that follow us will not have the same horrendous experiences that we did.
- Realize in the very process of advocating for others, we are freeing ourselves, raising ourselves above internalized self-disparaging images. Recreating ourselves in new empowered ways. Creating new people, redefining ourselves, individually and collectively. Created new program genres –such as client-run drop-in centers and other client run programs. Influential in development of concepts of supportive housing and recovery.
- Final understanding: we are also liberating the system. Making it better for everyone that works in the mental health system, a liberating and healing environment for all.



Leadership Training in California

The scope of our achievements of the past is an indicator of the possibilities for our future.